

**APPOINTMENT OF A CAMPAIGN  
TREASURER BY A CANDIDATE****FORM CTA****PG 1**

See CTA Instruction Guide for detailed instructions.		1	Total pages filed:
2	CANDIDATE NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX BILL SPARKS	OFFICE USE ONLY Acct. # Date Received CITY CLERK DEPT. 05 MAR - 7 PM 4:55	
3	CANDIDATE MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2645 ANISE DR EL PASO, TX 79936		
4	CANDIDATE PHONE AREA CODE PHONE NUMBER EXTENSION (915) 593-6934	HD/PM Date Processed Date Imaged	
5	OFFICE HELD (If any)		
6	OFFICE SOUGHT (If known) CITY COUNCIL REPRESENTATIVE - DISTRICT 5		
7	CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX Howard W BILL SPARKS		
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2645 ANISE DR, EL PASO, TX 79936		
9	CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (915) 593-6934		
10	CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. Signature of Candidate Date Signed 03/07/05		

**GO TO PAGE 2**

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

## OFFICE USE ONLY

Date Received

HD / PM

Date Processed

Date Imaged

CITY CLERK DEPT.  
05 MAR - 7 PM 4:55

1 ACCOUNT NUMBER:  
(Ethics Commission Filers)

2 TYPE OF FILER:



CANDIDATE

If filing as a candidate, complete boxes 3 - 8 then read and sign page 2.



POLITICAL COMMITTEE

If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.

3 NAME OF CANDIDATE  
(Please type or print)

H. W. "Bill" SPARKS

TITLE (Dr., Mr., Ms., etc.)

FIRST

HOWARD

MI

W

BILL  
NICKNAME

SPARKS  
LAST

SUFFIX (Sr., Jr., III, etc.)

4 TELEPHONE NUMBER OF CANDIDATE  
(Please type or print)

9

AREA CODE

(915)

PHONE NUMBER

593-6934

EXTENSION

5 ADDRESS OF CANDIDATE  
(Please type or print)

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2645 ANISE DRIVE BLAHO TX 79936

6 OFFICE SOUGHT BY CANDIDATE  
(Please type or print)

CITY REPRESENTATIVE - DISTRICT 5

7 NAME OF COMMITTEE  
(Please type or print)

8 NAME OF CAMPAIGN TREASURER  
(Please type or print)

TITLE (Dr., Mr., Ms., etc.)

FIRST

Howard

MI

W

BILL  
NICKNAME

SPARKS  
LAST

SUFFIX (Sr., Jr., III, etc.)

GO TO PAGE 2